



# APPLICATION GRADING PERMIT E-24

**Development Services**  
**Land Development Engineering**  
1635 Faraday Avenue  
442-339-2750  
www.carlsbadca.gov

**PERMIT NUMBER: GR**

Project Name: \_\_\_\_\_ Project Number: \_\_\_\_\_  
Project Location: \_\_\_\_\_ Drawing Number: \_\_\_\_\_  
Assessor Parcel Number(s): \_\_\_\_\_  
Project Description: \_\_\_\_\_

Owner: \_\_\_\_\_  
Address: \_\_\_\_\_ Suite: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

I certify that I am the legal owner of this property and I authorize the grading associated with this permit.

**OWNER SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Civil Engineer: \_\_\_\_\_  
Address: \_\_\_\_\_ Suite: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Soils Engineer: \_\_\_\_\_  
Address: \_\_\_\_\_ Suite: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Grading Contractor: \_\_\_\_\_ State License No.: \_\_\_\_\_  
City Business License No.: \_\_\_\_\_  
Address: \_\_\_\_\_ Suite: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Grading Quantities: cut \_\_\_\_\_ cy fill \_\_\_\_\_ cy import \_\_\_\_\_ cy  
remedial \_\_\_\_\_ cy export \_\_\_\_\_ cy

Qualified contact person trained in NPDES requirements: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Basis of Permit Fees:** \_\_\_\_\_ **cy** **Total Permit Fees:** \$ \_\_\_\_\_  
**Verified By:** \_\_\_\_\_ **Balance Due:** \$ \_\_\_\_\_

I hereby acknowledge that I have read the application and information provided is correct. I agree to comply with all federal, state, and city laws, ordinances, regulations and policies relating to excavation and grading including, but not limited to, the Federal Endangered Species Act of 1973 and any amendments thereto. I will also comply with OSHA Permit requirements for trenches over five feet deep and the provisions and conditions of any permit issued pursuant to this application.

Applicant Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Suite: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**APPLICANT'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_